

# STATE OF MONTANA

## REGISTRATION or RENEWAL of FOREIGN LIMITED LIABILITY PARTNERSHIP APPLICATION



Prepare, sign, submit with an original signature and filing fee.  
This is the minimum information required.

(This space for Secretary of State use only)

**MAIL:** **LINDA McCULLOCH**

Secretary of State  
P.O. Box 202801  
Helena, MT  
59620-2801

**PHONE:** (406) 444-3665

**FAX:** (406) 444-3976

**WEB SITE:** [sos.mt.gov](http://sos.mt.gov)

Filing Fee: \$20.00

- ☐ 24 Hour Priority Filing Add \$20.00  
☐ 1 Hour Expedite Filing Add \$100.00

PLEASE CHECK ONE BOX:

- ☐ Registration of LLP ([35-10-710, MCA](#)) \$20.00  
☐ Renewal of LLP ([30-13-206, MCA](#)) \$20.00

1. The Limited Liability Partnership name is (must include "Limited Liability Partnership", "LLP" or, if professional, "Professional Limited Liability Partnership" or "PLLP")

2. Description of the business transacted: \_\_\_\_\_

3. The State or Country of Jurisdiction is: \_\_\_\_\_

4. The address of LLP is: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

5. List the names and addresses of all the partners:

(At least two partners must be listed. For additional names, attach a separate sheet of paper.)

I HEREBY SWEAR AND AFFIRM,

- Under penalty of law, that the facts contained in this Application are true.
- I further appoint the Montana Secretary of State to serve as the Montana agent for service of process for the above identified LLP.
- I further certify that all listed partners that are entities other than individuals are registered with their state or country of jurisdiction.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date (Mo/Day/Year)

## **HELP SHEET: Application for Registration or Renewal of Foreign LLP**

### **ITEM 1**

When listing the name to be registered, please type or print clearly, emphasizing the spaces in the name, especially between initials.

The business name of a LLP must include terminology to indicate its limited liability status such as "Limited Liability Partnership" or "LLP" or, if professional, "Professional Limited Liability Partnership" or "PLLP".

### **ITEM 3**

If mailing address changes, be sure to notify the Secretary of State's office as this listing is used to notify the applicant of needed renewals.

Registration of Limited Liability Partnerships are required to renew every five years. ([30-13-206, MCA](#))

## GENERAL INSTRUCTIONS

Please type or print clearly when filling out this form.

## ALL INFORMATION PUBLIC

All information provided, including names and addresses of officers and directors, will be made available on the Secretary of State's web site or upon request.

## LEGAL AND ACCOUNTING IMPLICATIONS

There are important legal and accounting implications with respect to this corporation action. Suitable legal and accounting advice should be secured before submission. The Secretary of State's office suggests that such advice be sought prior to filling out forms to be sure that you understand the terms and procedures.

## FORM PROCESSING TIME

Please be advised that the Business Services Bureau of the Montana Secretary of State will process your business documents within 10 working days of initial receipt.

- During this period if it is determined that your document does not meet statutory requirements, a letter outlining the deficiencies will be returned to the original submitter.
- If the document is complete and correct, the document will be filed and an acknowledgment copy showing completion returned to the original submitter.

## PRIORITY FILING

- You may request 24 hour priority filing of your document by simply marking the "24 hour priority filing" box and include an additional \$20.00 with your filing fee.
- You may request 1 hour expedite filing of your document by marking the "1 hour priority filing" box and including an additional \$100.00 with your filing fee.

## SUBMISSION

Make checks payable to the Secretary of State. Upon completion, mail with ORIGINAL SIGNATURE to:

Secretary of State  
PO Box 202801  
Helena, MT 59620-2801

## CONTACT US

If you have any questions regarding this form, please contact the Secretary of State Business Services at (406) 444-3665.